

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3							53								
4							54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
9	1						59	1							
10		1					60								
11		1					61								
12		1					62	1							
13		1					63								
14		1					64	1							
15		1					65	1							
16		1					66	1							
17		1					67	1							
18		1					68	1							
19		1					69								
20		1					70								
21		1					71								
22		1					72								
23		1					73								
24		1					74								
25		1					75								
26		1					76								
27	1						77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85	1							
36							86	1							
37							87								
38							88								
39							89								
40							90		2						
41							91		2						
42							92		2						
43							93		2						
44							94		1						
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1						TOTAL IND.	12							
TOTAL DEP.	1						TOTAL DEP.	12							
TOTAL CLAIMS	2						TOTAL CLAIMS	24							